

Filing Fee \$5.00

**DOMESTIC
NONPROFIT CORPORATION**

STATE OF MAINE

**STATEMENT OF
REVOCATION OF VOLUNTARY
DISSOLUTION PROCEEDINGS**

(Written Consent of Members or Directors)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to 13-B MRSA §1102, the undersigned corporation executes and delivers for filing the following statement of revocation of voluntary dissolution proceedings previously authorized:

FIRST: The names and respective addresses of its officers and directors are:

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____
Clerk	_____	_____
Directors:	_____	_____
	_____	_____
	_____	_____

(List additional directors on reverse side)

SECOND: ("X" one box only) Exhibit A attached hereto is a copy of the written consent signed by:

- ☐ All members of the corporation entitled to vote.
- ☐ All directors of the corporation, there being no members or no members entitled to vote.

THIRD: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

***MUST BE COMPLETED FOR VOTE
OF MEMBERS***

I certify that I have custody of the minutes showing
the above action by the members.

(signature of clerk, secretary or asst. secretary)

*This document **MUST** be signed by

(1) the **Clerk or Secretary** OR

(2) the **President** or a vice-pres. **together with the Secretary** or an ass't. sec., or a 2nd certifying officer **OR**

(3) if no such officers, then a majority of the **Directors** OR

(4) if no such directors, then the **Members.**

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**